BC'S TOBACCO CONTROL STRATEGY

targeting our efforts

BRITISH COLUMBIA

Ministry of
Health Services

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The time is now. We have everything we need in place to stop the unnecessary loss of life due to tobacco products. We just need to take action.

PERRY KENDALL
PROVINCIAL HEALTH OFFICER
BRITISH COLUMBIA

Tobacco is a harmful and addictive product that has huge health and economic consequences for the people of British Columbia. We intend to take action: we will stop youth from starting; we will help people quit; and we will protect British Columbians from exposure to second-hand smoke. We can and must work together toward a Tobacco Free BC.

HONOURABLE SUSAN BRICE
MINISTER OF STATE FOR
MENTAL HEALTH AND ADDICTION SERVICES

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Introduction

Tobacco use[1] is the single most preventable cause of morbidity and mortality in British Columbia, Canada, and most developed nations. Tobacco addiction is one of the greatest threats facing our young people, who represent the future of our province. Every year, tobacco use causes close to 6,000 deaths in BC. The facts show that smoking kills more people in this country than HIV/AIDS, motor vehicle collisions, murder, suicide and illicit drug use combined.

We want British Columbians to know about the harms caused by tobacco use. Tobacco products are addictive and can cause serious disease and even death.

Tobacco Use in BC: Health and Economic Impacts

Tobacco use has huge economic and social consequences. Some of the measurable economic costs associated with tobacco use are:

- Direct health care costs
- Residential care
- Lost income due to premature death
- Disability
- Worker absenteeism
- Reduced productivity
- Fire damage

A conservative estimate of the economic costs of tobacco use on Canadian society was prepared by the Canadian Centre on Substance Abuse, based on 1992 figures[2].

The Cost of Tobacco Use in Canada (1992)

CHART 1

Category	Cost
Direct health care costs	$2,675,500,000
Direct losses associated with the workplace	396,000
Direct costs for prevention and research	48,000,000
Direct costs associated with fire damage	17,100,000
Indirect costs: productivity losses (due to death or illness)	6,818,800,000
Total	$9,559,796,000 (or more than $9.5 billion)

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The population of BC is about 13 per cent of the total population of Canada. As BC's population is about 3.9 million, while Canada's is about 30 million[4], a rough comparable estimate of the cost of tobacco use in BC would be about $1.25 billion annually.

While the economic cost of tobacco use is enormous, the social impacts are incalculable, including disease, suffering and grief of those who use tobacco, are exposed to second-hand smoke, and their families and friends. In BC, 5,761[5] deaths were attributable to smoking in 2002.

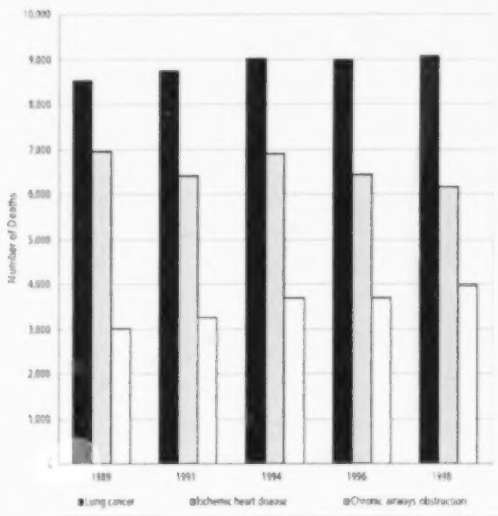
Cigarette smoking is the primary risk factor for the top three causes of death in Canada: diseases of the circulatory system, cancers and respiratory diseases.

"Accounting for more than 47,000 deaths in 1998, smoking far exceeds the second most important preventable cause of death – external causes of injury and poisoning (over 13,200 deaths), which include suicide, accidental falls and motor vehicle accidents. These statistics again confirm that cigarette smoking remains the number one preventable cause of death in Canada, causing six times more deaths than murders (about 470 deaths), alcohol (about 800 deaths), car accidents (about 2,900 deaths) and suicides (about 3,700 deaths) combined."[6]

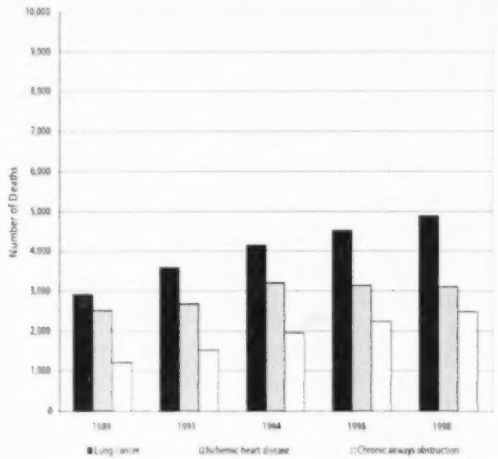
Reducing tobacco use contributes to improved general health and wellness. Preventing and reducing tobacco use have immediate impacts on hospital admissions for many diseases, such as asthma and hypertension, and immediate economic impacts on measures such as worker productivity and absenteeism.

CHART 2

MORTALITY ATTRIBUTABLE TO TOBACCO USE IN CANADA



Leading causes of smoking-related deaths, 1989 to 1998 – Males



Leading causes of smoking-related deaths, 1989 to 1998 – Females

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Principles of a Comprehensive Tobacco Strategy

To address effectively the health and economic problems due to tobacco use, a tobacco strategy must be:

1 **Comprehensive –** A comprehensive approach, focusing on programs, taxation and legislation, is required to lower the tobacco usage rate in British Columbia.

2 **Complementary and Collaborative –** All levels of government need to ensure they work together to address the prevention and reduction of tobacco use and to ensure laws and policies complement each other.

3 **Sustainable –** To be effective, programs must be sustainable for a long period of time.

4 **Effective –** The effectiveness of the overall strategy and its programs depends on using best practices, monitoring outcomes, evaluation and research, and making the best use of limited resources.

5 **Communicated –** A wide range of public education efforts, through events, television, radio and print media, is required to increase awareness and action, and to create a supportive environment for tobacco reduction programs.

For over a decade, federal, provincial, state and local authorities in both Canada and the United States have implemented and evaluated a wide range of tobacco control programs and identified best practices. These authorities and health agencies, such as the Centers for Disease Control in Atlanta, have concluded that tobacco control strategies must include, at a minimum:

> Local community programs to reduce tobacco use;
> Youth prevention programs;
> Legislation and enforcement;
> Public education and campaigns to counter pro-tobacco influences and increase the pro-health message;
> Protection from second-hand smoke;
> Cessation programs;
> Denormalization initiatives, including litigation; and
> Research, surveillance and evaluation.

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In 1999, the Provincial/Territorial Conference of Ministers of Health released a new national tobacco control strategy, developed by the Steering Committee of the National Strategy to Reduce Tobacco Use in Canada. This framework, entitled *New Directions for Tobacco Control in Canada – A National Strategy*, has been supported by all the provinces and territories, and contains the following goals for Canada as a whole:

Prevention: Preventing tobacco use among young people.

Cessation: Persuading and helping smokers to stop using tobacco products.

Protection: Protecting Canadians by eliminating exposure to second-hand smoke.

Denormalization[7]: Educating Canadians about the marketing strategies and tactics of the tobacco industry and the effects the industry's products have on the health of Canadians in order that social attitudes are consistent with the hazardous, addictive nature of tobacco and industry products.

British Columbia's approach to denormalization focuses on the use of tobacco products and their harmful effects, rather than on the tobacco industry. Denormalization is intended to shift the public's perception about tobacco and to make tobacco use less socially acceptable by educating the public about the adverse health effects of tobacco and second-hand smoke.

For a Tobacco Free BC to be possible, we need to include these principles, programs and goals in BC's Tobacco Control Strategy.

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Tobacco Use in BC: Smoking Rates

BC has made significant progress in reducing the rate of smoking in the province. BC's tobacco programs have placed a strong emphasis on youth issues, with many school and community resources dedicated to ensuring youth never start to use tobacco products. Legislation to strengthen restrictions on youth access to tobacco has been introduced. BC has also initiated programs to increase awareness of tobacco issues and to support smokers who have wanted to quit. A civil action to recover the costs of treating tobacco-related illness from the tobacco industry has been launched. For the first time ever, the tobacco industry has been required to report publicly on the additives and constituents of cigarettes, and on the chemicals in the smoke produced by their products. BC became a leader in tobacco control nationally and internationally.

The charts that follow illustrate the reduction in tobacco use achieved in BC in recent years.

Chart 3 shows how BC's overall current smoking rate compares with other jurisdictions in Canada. In fact, BC has the lowest rate in the country at 16 per cent of the population – well below the Canadian average of 21 per cent.

Chart 4 illustrates the smoking rates in BC for each of the four years from 1999 to 2002 for four age groups: 15+, 15-19, 20-24 and 25+ years of age. The 20-24 year age group exhibits a considerably higher smoking rate than the other younger or older groups.

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CHART 3

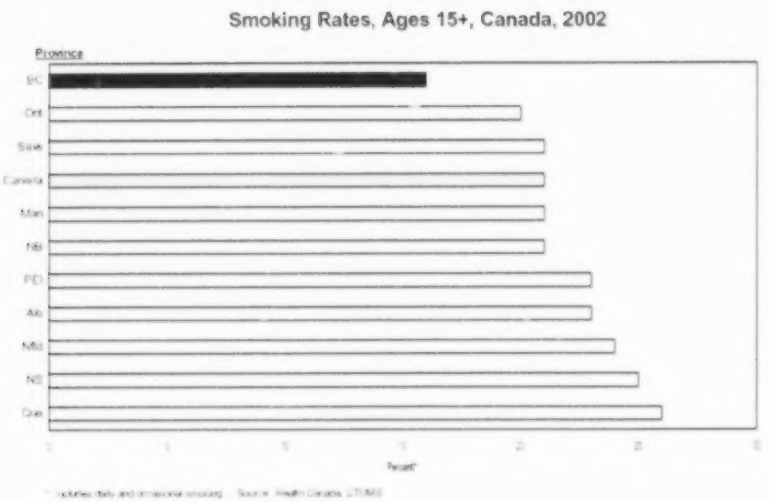

CHART 4

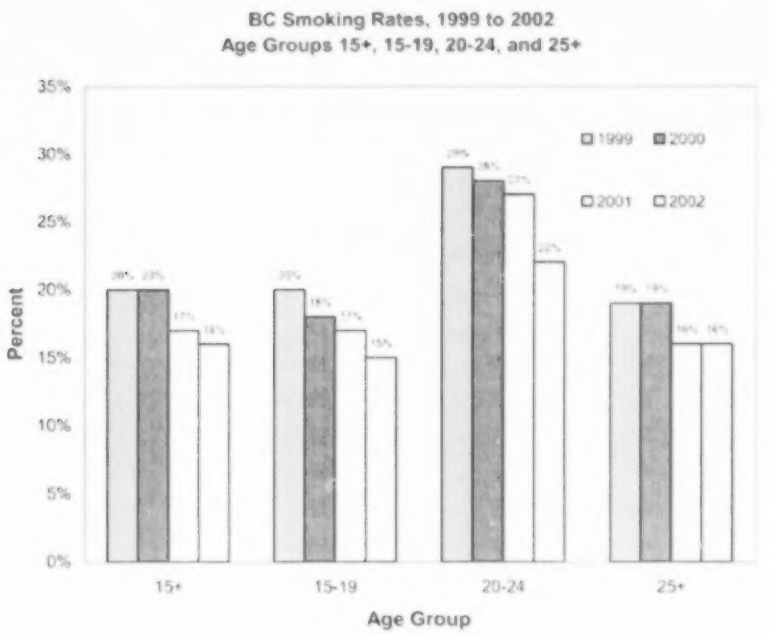

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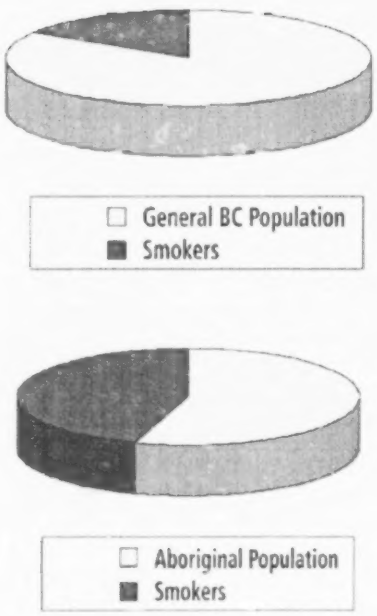
CHART 5



Another segment of BC's population also has a high smoking rate. The Aboriginal population in BC has a disproportionately high rate of smokers compared to BC's population overall (see chart 5). Recent data on tobacco misuse in the Aboriginal community is not available. The lack of reliable data is an important concern. Available data includes a 1997 survey[8] that found 45 per cent of BC's Aboriginal population ages 12+ years misused at least one form of tobacco, and 43 per cent were cigarette smokers at the time. The same 1997 survey found that Aboriginal people were exposed to more second-hand smoke in the home than most British Columbians. In fact, 15 per cent of Aboriginal non-smokers ages 12+ years were exposed to second-hand smoke in the home every day, compared to six per cent in BC's population overall, ages 12+ years.

Although we have the lowest smoking rate in Canada, too many people are still smoking. We must continue our efforts to reduce BC's smoking rates. However, as smoking rates decline, there will be primarily 'hard-core' smokers remaining and we may see smaller decreases in smoking rates than in the past. We will need to look at other indicators to measure our success. These could include reducing the use of spit tobacco, decreasing exposure to second-hand smoke at home, or lowering the average number of cigarettes smoked each day. Success in any one of these areas will have positive health and economic impacts for British Columbians and move us forward to achieve our vision of a Tobacco Free BC.

BC's Tobacco Control Strategy: Targeting Our Efforts

BC has been working aggressively to reduce tobacco use for several years and has in place already a comprehensive range of tobacco control programs. BC is a leader in tobacco control, having the lowest smoking prevalence rate of any Canadian province and the second lowest in North America, after Utah.

However, more work still needs to be done. While our rates are lower than other parts of Canada, they remain problematic. Too many people continue to smoke and to experience negative health consequences.

Reducing the harmful impact of tobacco use on British Columbians and on our health system supports the first two goals of the Ministry of Health Services 2004/05 – 2006/07 Service Plan:

> Helping British Columbians to maintain and improve their health – and to prevent illness and injury.

> Improving chronic disease management and prevention, and primary health care.

The goal of British Columbia's Tobacco Control Strategy is to reduce death, disease and disability caused by tobacco use and to reduce its subsequent cost to the health care system.

BC's Tobacco Control Strategy is consistent with the best practices, principles and components described earlier. We need to continue with this comprehensive approach, build on our successes, and target new priorities for action. **BC's strategy has three key objectives:**

1 **Stop youth and young adults from starting to use tobacco;**

2 **Encourage and assist tobacco users to quit or reduce their use of tobacco products, focusing on the three groups with the highest rates of tobacco use; and**

3 **Protect British Columbians, particularly infants and children, from exposure to second-hand smoke.**

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1 **STOP YOUTH AND YOUNG ADULTS FROM STARTING TO USE TOBACCO:** BC must continue to place emphasis on resources that prevent youth and young adults from ever starting to smoke. By ensuring that youth never start, health care costs and health impacts will decrease or be minimized in years to come. We know that few smokers ever begin after the age of 19, and smoking prevention programs are an extremely cost-effective way to minimize smoking rates.

2 **ENCOURAGE AND ASSIST TOBACCO USERS TO QUIT OR REDUCE THEIR USE OF TOBACCO PRODUCTS, WITH RESOURCES TARGETED AT THE THREE GROUPS WITH THE HIGHEST RATES OF TOBACCO USE:** In BC, we will place more emphasis on cessation and reduction measures, ensuring that we focus on the groups we have identified as having the highest rates and greatest needs. Increasing awareness, use and effectiveness of programs and tools to help current smokers quit has the potential to reduce the projected number of tobacco-related deaths over the next 50 years by 60 per cent.[9]

There are three groups that need our attention:

1 **Young adults 20 to 24 years of age:** This group has the highest smoking rate in BC at 22 per cent - seven per cent higher than the youth rate of 15 per cent. There are a number of reasons to be concerned about this age group.

> They are the role models for those 19 years of age and younger – an age when youth are impressionable, yet trying to show their independence.

> The tobacco industry is now targeting young adults in their marketing efforts.

> If young adults start smoking or if they do not quit smoking, they will have decades of smoking-related illness.

> Research shows this age group wants to quit, with almost half of them trying to do so.[10]

2 **Adults 25 to 44 years of age:** In this age group, 21 per cent of adults are smokers and many have tried to quit, often making more than one attempt.[11] Adults in this age group have often been smoking for years or decades and some will see their first tobacco-related diagnosis of cancer, heart or lung disease. Women may be especially vulnerable to some smoking-related diseases. A recent

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study indicates that being female doubles the risk of lung cancer in smokers[12] and, in BC today, more women die from lung cancer than breast cancer. The number of Canadian women dying from chronic obstructive pulmonary disease is expected to triple in the next decade from 4,000 to 12,000, while the number of men dying is expected to increase from 6,000 to 8,000.[13] These are also prime years for child-bearing and parenting. A February 2004 report by the British Medical Association noted the high rate of impotence in men who smoked and the reduced conception rates for women who smoked. In addition, smoking by parents can be detrimental to the health of babies and children. Women who smoke risk delivering low-weight babies or increasing the risk of SIDS through smoke in the home. In fact, research in the US shows that the death rate for infants of smokers is 59 per cent higher than the rate for non-smokers. Further, parents are role models and their smoking may encourage their children to smoke.

3 **Aboriginal populations:** There is a very high rate of smoking in BC's Aboriginal communities. Aboriginal people have a disproportionately higher rate of smoking compared to BC's total population. Approximately 55,000 Aboriginal people in BC misuse tobacco based on a 1997 survey. While Aboriginal people represent eight per cent of the smoking population, they make up only three per cent of BC's total population. As noted earlier, the smoking rate and the exposure to second-hand smoke are both much higher among Aboriginal populations in BC. There must be continued support and efforts by individuals and communities using the provincial Aboriginal Tobacco Strategy's *Honour Your Health Challenge* to lower these high smoking rates in the future.

3 **PROTECT BRITISH COLUMBIANS FROM EXPOSURE TO SECOND-HAND SMOKE:** We must build on the efforts of the Workers' Compensation Board in pioneering smoke-free workplaces and look to increasing awareness of the need for smoke-free environments in automobiles, homes and other places. Second-hand smoke has a significant impact on the health of British Columbians, particularly infants and children, who are at least 50 per cent more likely to suffer damage to their lungs and experience breathing problems such as asthma. The risk of non-smokers getting either lung cancer or heart disease increases by 20 per cent if they have been exposed to second-hand smoke.[14] In addition, studies show that smoke-free environments – at home and at work – support smokers in their efforts to quit. For example, residing in a home with smoking restrictions increases the likelihood that an individual will attempt to quit smoking and that he/she will be able to remain abstinent for at least six months.

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Our Vision: A Tobacco Free BC

If we work towards our goal and objectives, using a comprehensive, sustainable and collaborative approach, we will see real results and a **Tobacco Free BC** where:

1. The public understands the full extent of the harm caused by tobacco products.
2. There are strong regulatory controls on the sale of tobacco, and minors have no access to tobacco products.
3. People understand the risks of and are protected from second-hand smoke, and in particular, no child or worker is exposed to second-hand smoke.
4. Smokers have access to a range of information and services to motivate and help them quit.
5. Every child participates in smoking prevention programs in the school or in the community.
6. Ongoing research enables tobacco control measures to be monitored, evaluated and improved.
7. Collaborative working relationships with partners in the tobacco community are fostered to ensure the most effective tobacco control strategy.
8. The tobacco industry is held accountable for the harm inflicted by its products.
9. Tax is maintained at a high level to discourage the uptake of smoking, reduce the amount smoked, and accelerate quitting across the population.

Appendix I: Priorities for Action

The goal of BC's Tobacco Control Strategy is to reduce death, disease and disability caused by tobacco use and to reduce its subsequent cost to the health care system.

To meet that goal, the following objectives will guide BC's work in tobacco control:

1 Stopping youth and young adults from using tobacco products;

2 Encouraging and assisting tobacco users to quit or reduce their use of tobacco products; and

3 Protecting British Columbians, particularly infants and children, from exposure to second-hand smoke.

FOCUS ON THREE HIGH PREVALENCE GROUPS

1 Young adults ages 20-24

2 Adults ages 24 - 44

3 Aboriginal people

Priorities for Action: A Tobacco Free BC

STOP YOUTH AND YOUNG ADULTS FROM USING TOBACCO PRODUCTS

> Ensure tobacco prevention materials are available in all schools

> Improve and promote website materials for youth and young adults

> Explore options to limit youth access to tobacco through stronger legislation

> Eliminate smoking on school grounds

> Increase awareness of the dangers of spit tobacco use

> Promote Tobacco Free Sports – Play It Clean

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ENCOURAGE AND ASSIST TOBACCO USERS TO QUIT OR REDUCE THEIR USE OF TOBACCO PRODUCTS

> Improve access to telephone-based quit services

> Develop and launch a cessation website

> Work with youth and young adults to develop and promote age-specific cessation tools

> Promote cessation programs for pregnant women, both pre-natal and post-natal programs

> Develop cessation programs at universities, colleges and trade schools

> Expand the province's Honour Your Health Challenge to more Aboriginal communities in BC

> Develop a coordinated cessation framework that provides a range of interventions and promotes the right tools for the right people

PROTECT BRITISH COLUMBIANS FROM EXPOSURE TO SECOND-HAND SMOKE

> Encourage smoke-free homes, vehicles and public places, especially to protect infants and children

> Ensure a tobacco-free 2010 Olympics in BC

> Promote a smoke-free BC

Overarching Principles

1 We will implement sustainable strategies that **give British Columbians the facts about tobacco** and inform them of the **resources available to prevent, reduce or eliminate tobacco use.**

2 We will continue to **hold the tobacco industry accountable** for the impacts its products have had and continue to have on the health of British Columbians and on health care costs in the province.

3 We will **increase our partnerships** with non-governmental organizations, health authorities, municipalities, businesses and private corporations in all aspects of our tobacco control strategy.

4 We will continue to **apply best practices** and **monitor the progress of our tobacco control initiatives** through evaluation and surveillance.

Endnotes

1 Note: the term "tobacco use" is employed throughout this document to denote the ingestion of tobacco products through their smoking or other means. Recognizing that aboriginal people have traditional and sacred uses of tobacco, British Columbia's Aboriginal Tobacco Strategy uses the term "tobacco misuse" to describe this same unhealthy ingestion of tobacco products.

2 Note: this estimate leaves out residential care costs and some other costs and uses conservative figures for the impact on mortality, thus underestimating the costs of lost earnings due to premature death. A less conservative and more all-inclusive estimate of the cost of tobacco use in Canada is $15 billion annually.

3 Canadian Centre on Substance Abuse, The Costs of Substance Abuse in Canada, 1996.

4 Statistics Canada, 2001 Census, 2001.

5 Selected Vital Statistics and Health Status Indicators, Annual Report 20028; Table 42 "Smoking-Attributable Mortality in BC 2002" www.vx.gov.bc.ca/stats/annual/2002/tab42.html

6 Mortality Attributable to Tobacco Use in Canada and its Regions, 1998, Makomaski Illing, Eva M., Kaiserman, Murray J, Canadian Journal of Public Health January – February 2004

7 Note: the term "denormalization" is used throughout this document as it is the wording employed most commonly in the tobacco control community in Canada and the United States. However, it is a term that is not favoured in the Aboriginal community because it implies that the use of tobacco is to be rendered not normal, while traditional and sacred uses of tobacco are an important part of aboriginal culture. The favoured, similar term used within the Aboriginal community is "tobacco demarketing", since it is the addictive use of commercial tobacco that is problematic, not the traditional or sacred use of the tobacco plant. In B.C.'s Aboriginal Tobacco Strategy the ingestion of tobacco through smoking it or by other means is considered a misuse of the tobacco plant.

8 Angus Reid Group, Tobacco Use in B.C. 1997, 1997. The Angus Reid Group conducted this survey for the Heart and Stroke Foundation of B.C. & Yukon with a grant from the Ministry of Health and Ministry Responsible for Seniors.

9 Paul W. McDonald, Ph.D., A Canadian Framework and Action Plan for Helping Tobacco Users, submitted to the Tobacco Control Program, Health Canada, March 16, 2003.

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[10] CTUMS 2002 – 44% of those 20-24 tried to quit in the last year

[11] CTUMS 2002 – in Canada, about 46% of men 25-44 and about 50% of women 25-44 made 1 or more attempts to quit

[12] Henschke, Claudia,Miettinenb, Olli, Lung Cancer, Volume 43, Issue 1, January 2004, Pages 1-5 doi:10.1016/j.lungcan.2003.08.024

[13] O'Donnell DE, Hernandez P, Aaron S, Bourbeau J, Marciniuk D, Hodder R, et al. Executive summary : Canadian Thoracic Society recommendations for the management of COPD 2003

[14] Health Canada, 2004, from their website: http://www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/index.html#ETS